| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | | |
|---|--|-----------------------------------|--|----------------|---|------------------|---|------------|------------------------------|-------|--------------------------|------------------------|--|
| | | CLAIMS A | S FILED - (Column | | | Column 2) | | SMALL ENT | 117 | OR | OTHER SMALL E | | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARG | E ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | All other situations = | | 1 | EXAM. FEE | | | EXAM. FEE | 206 | |
| SEARCH FEE | | | U.S. Is ISA = \$50/\$100 ALL other countries = \$200/\$400 | | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC, PGS. | | | minu | s 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | 7 | |
| TOTAL CHARGEABLE CLAIMS | | | 4 min | us 20 = | • | | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 2 m | inus 3 = | . / | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL | | | | | | | | | | 900 | | | |
| AMENDMENT A | 12/28/05 | (Column 1) CLAMS REMAINING AFTER | AMENDED | (Colum | Column 2) (Column HIGHEST NUMBER PREVIOUSLY PREVIOUSLY COLUMN | | 1 | SMALL E | ADDI- TIONAL | OR | OTHER SMALL E RATE | | |
| | Total | AMENDMENT | Minus | PAID | | | | X \$ 25 = | FEE | OB | X \$ 50 = | FEE. | |
| | Independent | . 7 | Minus | | 2 | | | X \$ 100 = | \rightarrow | Se Se | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | +\$389.= | | |
| | | TOTAL ADDIT. OR TOTAL AD | | | | | | | | | TOTAL ADDIT. | | |
| 8 | -7-07 | (Column 1) | | (Colu | | (Column 3) | | FEE | | | FEE | | |
| 48 | | CLAMS REMAINING AFTER AMENDMENT | | PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | • 4 | Minus | ~ 7 | 0 | - / | | X \$ 25 = | | OR | X \$ 50 = | | |
| AME | Independent | . 5 | Minus | * | 3 | -/ | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | +\$ 360 = | | |
| | | | | | _ _ | | | FEE | (| OR | FEE | | |
| * | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |